



Uniform Medical Plan

Your health. Your plan. Your choice.

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Provider Bulletin

January 2007

Please circulate the *UMP Provider Bulletin* to the appropriate clinical, billing, and bookkeeping staff.

Uniform Medical Plan Web site: www.ump.hca.wa.gov

State Agencies Assess Health Technologies For Coverage

As a result of 2006 legislation, coverage decisions of UMP and other state programs will soon be guided by decisions of an evidence-based Health Technology Assessment (HTA) program. HTA is an inter-agency effort involving the Health Care Authority (UMP's parent agency), Department of Labor and Industries, Department of Social and Health Services, Department of Corrections, and Department of Veterans Affairs. Its goal is to focus state health care dollars on medical treatments and procedures that are safe and proven to work. This interagency initiative is also an exciting opportunity for coverage decisions and processes for provider input to be more consistent across agencies.

The medical directors of UMP and these other state agencies have been actively involved in developing HTA program guidelines, policies, and procedures. They have also worked on criteria for and selection of the Health Technology Clinical Committee (HTCC), consisting of 11 practicing physicians and other health care providers. The state agencies will contract with an independent Technology Assessment Center to perform evidence-based systematic reviews of a selected health technology's safety, efficacy, and cost-effectiveness. The HTCC will then use these reviews to establish coverage guidelines for the state programs.

During 2007, the HTCC is expected to assess up to six technologies (in the process of being chosen as this article goes to press); up to eight will

be reviewed in 2008. On the HTA Web site at www.hta.hca.wa.gov/about, you can:

- Sign up to receive email notification regarding technologies under review.
- Suggest a technology for review.
- Submit information regarding a technology under review.
- Find out what technologies are currently scheduled for review.
- Get a schedule of public committee meetings.

We encourage you to participate and provide input for this new program!

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How To Reach Us

UMP Web site www.ump.hca.wa.gov

Secure services through OneHealthPort
www.onehealthport.com

Claims Processing and Preauthorizations **1-800-464-0967**
or 425-686-1246

- Claims and benefits information
- Customer service and general billing questions
- Medical review and prenotification/preauthorization
- Enrollee eligibility information
- Status of submitted claim
- Verify provider's network status

Automated Enrollee Eligibility Information **1-800-335-1062**

Have subscriber I.D. number available, and select #2 for PEBB subscriber information

Provider Credentialing and Contracting Issues **1-800-292-8092**
or 206-521-2023

- Billing manuals and payment policies
- Change of provider status
- Fee schedules
- Network provider contract information
- New provider enrollment
- Policies and procedures
- *Provider Bulletin* feedback
- Request a printed preferred drug list

Beech Street Preferred Network* **1-800-432-1776**
www.beechstreet.com

For network providers outside of Washington and the Idaho counties of Bonner, Kootenai, Latah, and Nez Perce

** Note: The Beech Street network does not apply to Medicare-primary enrollees.*

Axia WholeHealth Networks **1-800-274-7526**
or 1-800-500-0997 www.wholehealthpro.com

Preferred network information for licensed massage practitioners, naturopathic physicians, and licensed acupuncturists

Express Scripts, Inc.

To submit prescriptions **1-800-763-5502**
Fax 1-800-396-2171

Preauthorization of prescription drugs **1-800-417-8164**
Fax 1-877-697-7192

Free & Clear **1-866-784-8454**

www.freeclear.com/ump

Tobacco cessation program information

UMP PPO Benefit Changes For 2007

Below is a list of changes to UMP PPO benefits beginning January 1, 2007. Consult the *UMP PPO 2007 Certificate of Coverage* for details regarding coverage. Call UMP Provider Services at 1-800-464-0967 for questions regarding coverage.

Changes to Medical Benefits

- UMP PPO will increase the vision hardware benefit (eyeglasses, contact lenses, and contact lens fitting fees) to \$150 every two calendar years.
- UMP PPO will increase coverage of chemical dependency treatment to \$13,500 per 24 consecutive months.

Changes to Prescription Drug Benefits

The following changes are intended to provide incentives to enrollees to choose generics over brand-name drugs.

- No deductible for Tier 1 drugs (generics, disposable diabetic supplies, and certain specialty drugs) in 2007. The current \$100 annual prescription drug deductible still applies to brand-name drugs in Tier 2 and Tier 3.
- The mail-order copay for Tier 2 (preferred brand-name) drugs will increase to \$50 for up to a 90-day supply.
- Multi-source Tier 3 drugs will cost more. If an enrollee gets a nonpreferred prescription drug that has a generic equivalent, UMP will pay the same amount as if the enrollee purchased the generic drug. The enrollee will have to pay the rest of the cost.

Primer On The UMP Preferred Drug List

UMP PPO's formulary is known as the UMP Preferred Drug List (UMP PDL). This list is based in part on the Washington Preferred Drug List, which all state agencies that purchase prescription drugs are required to follow.

The UMP PDL shows whether a drug is covered by UMP PPO and which cost-share "tier" applies. Most

drugs are covered by UMP PPO; see pages 39-42 and 50 of the *UMP PPO 2007 Certificate of Coverage* (COC) for drugs not covered. However, patient co-pays and coinsurance vary based on three drug tiers. Drugs designated as Tier 1 are primarily the generic drugs and diabetic supplies; Tier 2 drugs are preferred brand name drugs. If a drug is nonpreferred, it is designated as Tier 3, with the highest cost-share for enrollees.

In addition to the drug's tier level, you can use the UMP PDL to find out if a drug is subject to preauthorization, step therapy, or quantity level limits per prescription.

Updates to the UMP PDL occur quarterly (in January, April, July, and October), and is available on the UMP Web site. For the most up-to-date version, go to www.ump.hca.wa.gov/prescriptions. For more information on UMP PPO's prescription drug benefit, see pages 43-50 in the COC.

UMP Covers New Vaccines

Since the *UMP PPO 2007 Certificate of Coverage* (COC) went to print, UMP has added coverage for several additional vaccines. UMP covers all vaccines recommended by the Centers for Disease Control and Prevention as preventive care (no enrollee coinsurance or deductible when administered by a network provider). The new vaccines recently added are:

Vaccine	Limitations/guidelines for coverage
Human papilloma virus (HPV)	Per provider recommendations
Shingles (Zostavax®)	Beginning at age 60, based on provider recommendations
Hepatitis A, Hepatitis B	Per provider recommendations
Rotavirus (RotaTeq®)	Age 6 to 32 weeks, based on provider recommendations

For multiple-dose vaccines, bill each dose separately on the date of service to receive full reimbursement.

If you don't keep vaccines in stock and need to refer your patients elsewhere, please refer them to a public health clinic—not to a pharmacy. UMP does not contract with pharmacies to administer vaccines.

UMP Accepting NPI Numbers

The National Provider Identifier (NPI) is a standard unique identifier that the federal Health Insurance Portability & Accountability Act requires you to use on claims by May 23, 2007. If you haven't yet requested your NPI number, you may do so on the National Plan and Provider Enumerator System Web site at <https://nppes.cms.hhs.gov>.

How Will UMP Comply with NPI?

UMP is currently able to receive your National Provider Identifier (NPI) number on electronic claims (837s) and can return the NPI on electronic remittance advice (835s). Providers should submit the NPI number in the "primary identifier" field.

However, all providers must continue to submit their tax I.D. number in the same field as usual (reference segment field) to receive payment, even after the NPI deadline.

An up-to-date schedule of UMP's plans for implementing the NPI is available on the UMP Web site.

Submit Your NPI Number To UMP Early!

We need you to submit your NPI to us directly, in addition to sending it on your claims. This will help ensure that your claims are processed correctly as we implement the new requirements. Beginning February 1, 2007, providers can submit their NPI through an online form available at www.ump.hca.wa.gov (in the provider section), or on the provider portal at OneHealthPort. Select "Submit My NPI" and follow the instructions. If you don't have Internet access or are a large provider group with many NPIs, you may call Provider Services at 1-800-292-8092.

UMP Payment Systems, Coding, Policies, and Billing Updates

UMP has implemented the new 2007 Current Procedural Terminology (CPT®) codes and Healthcare Common Procedure Coding System (HCPCS) level II codes for dates of service on or after January 1, 2007. We have updated UMP fee schedules posted on our Web site to include these new codes. Please note that any codes deleted in the 2007 CPT® or HCPCS publications are not valid for dates of service after December 31, 2006.

UMP Professional Provider Fee Schedule Bundled Codes Information

The table below lists new CPT® and HCPCS Level II procedure codes that are designated as bundled under UMP payment rules. UMP considers payment for these codes as included in the payment of other procedures or services, and the codes shown are not separately reimbursed by UMP.

Code	Brief Description
A4461	Surgical dress hold non-reuse
A4463	Surgical dress holder reuse
A4559	Coupling gel or paste
94005	Home vent mgmt supervision
99363	Anticoag mgmt, init
99364	Anticoag mgmt, subseq

CPT codes and descriptions only are copyright 2006 American Medical Association. All Rights Reserved. Applicable FARS/DEARS apply.

Ambulatory Surgery Centers (ASC) Fee Schedule Update

The UMP ASC Fee Schedule posted on the UMP Web site includes new procedures added for dates of service on or after January 1, 2007.

UMP has an internal team currently evaluating the ASC fee schedule for an update. This process includes reviewing options for methodology or

payment policy changes and modeling data. As part of this work, the team is reviewing the proposed changes that the Centers for Medicare & Medicaid Services (CMS) has issued for the Medicare ASC Fee Schedule, and will consider CMS's final decisions when they are published in the spring of 2007. Early in 2007, UMP network ASCs will receive information on how to provide feedback on the new UMP ASC Fee Schedule as it is developed. We also plan to post this information on the UMP Web site.

Hospital Reimbursement Systems Update

UMP has completed a rebasing project to implement Version 23 of the inpatient All Patient Diagnosis Related Grouper (AP-DRG) effective January 1, 2007. The inpatient and outpatient hospital reimbursement systems have been updated to reflect the new weights and contracted 2007 rates. Information on the AP-DRG weights is available on UMP's Web site. The UMP Outpatient Prospective Payment System continues to be updated quarterly based upon CMS's outpatient code editor revisions.

Hospital Adjusted Claims Can Now Be Submitted Electronically

You can now submit adjusted hospital claims to UMP electronically. Here's how:

- In the UB billing form, change the third digit in the "Type of Bill" field (Form Locator 4) to "7" (xx7).
- In the "Remarks" field (Form Locator 84), explain why the claim needs adjustment.

Note: If you don't change the third digit to 7 in the Type of Bill field, the claim will be denied as a duplicate.

If you have any questions, please contact UMP Provider Services at 1-800-464-0967.

Avoid Duplicate Billing Errors For Medicare Coordination of Benefits Claims

Please *don't* bill UMP separately for Medicare retirees' claims. Medicare automatically sends electronic claims to UMP after Medicare has paid. This applies to individual providers, facilities, and durable medical equipment providers. When you bill both Medicare and UMP for services to patients whose primary coverage is Medicare, it causes claims denials and unnecessary processing delays.

The remittance advice you receive from Medicare will show the amount that was billed to the patient's secondary insurer. This is your assurance that the crossover claim was sent. If you don't see the crossover and know that the patient has a secondary payer, ask the patient to notify Medicare that they have secondary insurance. These automated processes save you the time and hassle of secondary billing.

Get Remittance Advice Faster With 835s

UMP can now send an electronic remittance advice (called an "835"). Unless the claim requires a special review, you will receive electronic notification of how a claim was processed 5-7 days after we receive it. By contrast, it can take up to 15 days to receive details of remittance (DOR) using the current paper process.

If you use electronic funds transfer (EFT), you'll get paid at about the same time you receive the 835 (no more than 2 days lag time). However, you can receive 835s electronically even if you don't choose to sign up for EFT.

To sign up to receive electronic 835s, call UMP Provider Services at 1-800-464-0967, or send us a secure email through your OneHealthPort account.

Claim Forms and Billing Manuals

New version of CMS-1500

Providers may now use either the current (12/90) version or the revised (08/05) version of the CMS-1500 claim form when billing UMP for professional services. After April 1, 2007, providers *must* use the 08/05 version, as the 12/90 version will no longer be accepted. For details about the new CMS-1500 (08/05) claim form, please see the National Uniform Claim Committee Web site at www.nucc.org/content/view/12/35/.

New UB Form for Facility Billing

Beginning March 1, 2007, providers may use the new UB-04 claim form when billing UMP for hospital facility, skilled nursing facility, and other institutional charges. There will be a transitional period between March 1, 2007 and May 22, 2007, where these facility charges may be billed on either the UB-04 *or* the UB-92 claim form. After May 22, 2007, the UB-92 will no longer be accepted as a valid form. For additional details about the new UB-04 form, please see the National Uniform Billing Committee Web site at www.nubc.org/

New Billing Manuals This Spring

UMP plans to update its billing manuals for professional providers and hospitals in the spring of 2007 to reflect the changes in the claim forms and payment policies indicated in this bulletin.

New Look For UMP Web Site!

Have you visited our Web site lately? We've made a lot of improvements, and are continuing to make our site easier to use. We have a new feature: the Info Center, where you can search UMP benefits and policies by keywords and send us feedback on what you do (and don't) find. Based on your feedback, we can make timely updates to give you the information you need. Come visit us at www.ump.hca.wa.gov.

Get Patient Medication History Online With MIX

Now prescribing providers, hospitals, and other authorized providers can access real-time patient medication histories using a free online service called MIX.



Medication Information Exchange (MIX) gathers pharmacy claims data from national and local health plans and feeds that information into a physician's or hospital's existing electronic medical record (EMR), hospital information system (HIS), or other e-prescribing program. During a patient's appointment, you can see what medications your patient has had filled through their health plan. We hope

that access to this information will improve patient safety and quality of care by reducing the potential for duplicate therapies or harmful drug interactions. You can also check whether a patient has filled prescriptions as recommended. The health plan formulary will be available too, showing you which drugs might lower your patient's costs.

MIX is sponsored by OneHealthPort and offered at no cost to e-prescribers. UMP is one of several health plans providing pharmacy claims data to make this service possible. Other participating plans include Regence, Premera, and LifeWise, among others. For more information and to register for an online information session, visit www.onehealthport.com or call Sue Merk at 206-624-3128.

To obtain this document in another format,
call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805.

TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.